

Surveyor:

Lee Hock Ann

DOI:

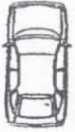
ASSIGNMENT

19/02/2020

Date / Time : 18/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS1093H

Name of Insured : JANICE KEE SIEW FANG

Insured Tel No. : _____ HP: _____

Excess Sec II : S\$ _____ D.O.A : 17/02/2020 17:30

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : PATRICIA TAN SHILING

Driver Tel No. : +65-85004899

(V/L: YES / NO)

Claim No. : S0M02GMA

Policy No. : P1988435

Make / Model : HYUNDAI ELANTRA-1.6 (A)

Place of Accident : BKE TOWARDS SLE/CTE EXIT

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SMJ6682K

INSRS:
WSP: Speed Auto
Tel : Works
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMJ 6682K - X	SLS 1093H - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List: Handler Typist	
			Notification ltr (if non-pickup)	☐
			After call ltr to OI:	☐
			Authorisation To Act:	☐
			Release Voucher:	☐
			Final Repair Bill:	☐
			Car Rental Invoice:	☐
			Towing Invoice	☐
			LTA / GIA :	☐
			Medical Bill:	☐
			PIR:	☐
			Mandate/Reject Instruction:	☐
			LOD	☐
			Payment Breakdown Form:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: HOCK ANN				
Repair Cost: L/S S\$ 5650.00 (7 days) Reduction: 11,626.66 % 67 Email ☐ Call ☐				
FINAL SETTLEMENT Date/Time: 22/04/2020 Confirm with SUSAN Email ☒ Call ☐				
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :				
Repair Cost: (W/GST) S\$ 6045.50				
Loss of Rental (LOR): S\$ 856.00 (8 days) x \$107 (W/GST)				
Loss of Use (LOU): S\$ (\$ x days)				
Loss of Income (LOI): S\$ (\$ x days)				
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search S\$				
Medical: S\$				
Disbursement: S\$ (e.g. Tow/ Independent)				
Legal Cost S\$				
Total: S\$ 6901.50 Global Sum S\$: 6900.00				
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐				
Payee 1: S\$ 6900.00 Name 1: SPEED AUTO WORKS				
Payee 2: (Strike if N.A.) S\$ Name 2:				
Payee 3: (Strike if N.A.) S\$ Name 3:				